## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

BASIC INFOR						THE PARTY NAMED IN		STATE OF	AS PORTION	THE STATE OF	SERVICE LAND
Accident/Incident	ocation				0	Accident/Inc	ident Date	Time	A Property of the		
Nearest City/Place: Y	MUSUR	N _		State:	CA.	1			. 2	Bulance	
ZIP: 75603	_ Country:	N2H	<u> </u>			Date: 09/	dd/yyyy	41	Local Time	240°	<del></del>
Latitude: Longitude:									Time Zone	PST	
(Enter in decimal degrees or degrees:minutes:seconds)						Collision with	L 04b A1				
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AIRCRAFT INF	ORMATIC	ON						美国的			No act
Registration Number: 84068						□ IFR-Equ	ipped and C	ertified		Contract Con	Committee of the second
Manufacturer: CESSIVA						☐ Commer ☐ Unmann	cial Space F	light			
Model: <u>C-172</u> .									00.1		
Serial Number: 17	<u> 2583.</u>	<u>31</u>				Maximum G	ross Weigi	اt: <u>کی</u>	300	lbs	
Year of Manufactur	e: 196	9			-	Weight at Ti	me of Acci	dent/Inc	ident:		ibs
Amateur-Built: OY	es If Yes:	O Kit/Plans N	Anka-			Number of Second Cabin Crew Second	eats:		Flight C	rew Seats:	2
A <b>Q</b> ,	lo	O Original Desig	gn			Cabin Crew Sea	ats:		Passenge	er Seats:	2
Category of Aircraft	Type of	Airworthiness (	Certificate			Number of E	ngines:		2000		
Airplane	(Check all	that apply)			Landing Gea	ir (apply)		Engin	e Type (S	Select one)	8.
OBalloon OBlimp/Dirigible	Standar Norm	- Special			1	letractable		O Tur	iprocating bo Shaft		uid Rocket d Rocket
O Glider				Tricycle	Tailwheel O Turbo Prop			<b>O</b> Hyb	rid Rocket		
O Gyroplane O Helicopter	☐ Baile				Amphibian	Пн	ligh Skid	OTur	bo Jet bo Fan	ONon	
O Powered Lift	Trans		ial Flight rimental	J	☐ Emergency	Float S	kid	Q Elec		OUnk	nown
O Rocket O Ultralight	<b>⊠</b> Utility	y ☐ Speci	ial Light-Spo	ort	□Float □Hull	□s □s	ki ki/Wheel				
Oli-ban Experimental Light-Sport			Other Laun	ch/Recovery Sys		OCarb		(Reciprocati	-		
	None	e of Authorization	n or Waiver Unknown	(COA)	☐ None	·		Ocare	uretor	O Fuel	-Injected
				r——		Date	nknown Rated Powe		land 1		
Engine Engine Manuf	acturer	Engine Model/Series		Manufa	icturer's	of Mfg.	Horsep	ower or	Total Time		Since: Overhaul
Eng. 1 21/200	かん	0-32	$\overline{\circ}$	Serial N	<u>(umber</u> 5651-27	mm/dd/yyyy	O lbs of T	hrust	(hours)	(hours)	(hours)
Eng. 2		70	<u> </u>	~ ~	265/-41	9 05/1969	_15C		3497	10	1278
Eng. 3						<del>                                     </del>					<b> </b>
Eng. 4			-1			<del>                                     </del>			<u> </u>		
Last Inspection Type			Propelle	r 1	Fixed Pitc		Propel	ler 2	0	Fixed Pitch	L
Ol00-Hour OCon OAAIP OCon	tinuous Airwo	nthiness		e	OControllab  OGround Ac		_		00	Controllable E	
Annual OUnk	ditional Inspec	tion	Manufacti	urer: 1	GGround Ac		Manuf	achirer-	O	Ground Adjus	stable
Date Last Inspection:		2001	Model: _	755	53 '		Model:			1/2	
	rkm/dd//vr		ELT Inst	alled:	<b>⊕</b> Yes ONo					Check all that	
Airframe Total Time:	<u> 3497</u>	hrs	If Yes:				ADS-	В		neck all ingl	арріу)
hours measured at (S OLast Inspection		223-1479 - 13	Model or I	ufacturer Port No.	:		☐ Airfra	me Parac	hute k Indicator		
		cident/Incident	TSO No.:	OC91 (1:	21.5 MHz) OC9	la (121 5 MU-)	☐ Autop	ilot			
ype of Maintenance F  Annual	rogram (Seli	ect one)	::::	OC126 (4	406 MHz)	14 (121.5 MINZ)		Recorder	L.B. II		
Conditional (Amateur-b	uilt only)	}	Was ELT	still mour	ited in aircraft?	Yes ONo	Liectr	onic Muli	tifunction I	landheld Dev Displav	ice
Manufacturer's Inspecti Other Approved Inspect	on Program		Was ELT s	still conne	OYcs ONo	? OYes ONo	☐Electro ☐Handh	onic Prim	ary Flight	Display	
Continuous Airworthine	ion Program (A	AAIP)			Ores WNo		□Heads	Up Displ	lay		
Other, specify: Did ELT Aid in Locating Aircraft:					ating Aircraft:	OYes No	Onboa	rd Weath	er		
old EL1 Ald in Locating Aircraft								a renotri			
escription of Fire Ext	inguishing S	ystem	If not activ	vated;			Stall V	Varning S	ng Device System		
	inguishing S	ystem		vated: eason: [	☐ Impact Damage		Stall V	Varning S Recordin	system g Device		
escription of Fire Ext	inguishing S	system	If not activ	vated: :ason: [		e	Stall V	Varning S Recordin	system g Device		

OWNER/OPERATOR INFORMATION							
Registered Aircraft Owner	78	City: AUBURIO	40.40				
Name: (TABRIA IN	30	State: <u>CA</u> zip: 95603					
Fractional Ownership Aircraft: O Yes	No	Country: USH					
	gistered Owner	Same Address as Registered Owner					
Name: CITARRIA INC		City:					
Doing Business As: S WOSHODE T		State: ZIP:					
Air Carrier/Operator Designator (4 Charact	er Code):	Country:					
Operating Certificates Held (Check all that apply)	Regulation Flight Conducted U	Under Revenue Operation for FAR 121, 125, 129, 135 (Select one for each group)					
■ None  Flag Carrier Operating Certificate (FAR 121)  Supplemental  Air Cargo  Foreign Air Carriers (FAR 129)  Rotorcraft External Load (FAR 133)	OFAR 103 OFAR 133 OFAR OFAR 121 OFAR 135 OFAR	AR 415 AR 431 O Scheduled or Commuter O Non-Scheduled or Air Taxi O International O Passenger O Cargo					
☐Commuter Air Carrier (FAR 135) ☐On-Demand Air Taxi (FAR 135)	O Non-US, Non-commercial	O Mail Contract Only					
□ Commercial Air Tour (FAR 136) □ Agricultural Aircraft (FAR 137) □ Pilot School (FAR 141) □ Certificate of Authorization or Waiver (COA) □ Commercial Space Transportation Experimental Permit □ Commercial Space Transportation License □ Other Operator of Large Aircraft	O Public Aircraft (Select one) O Armed Forces O Federal O State O Local O Unknown	Purpose of Flight for FAR 91, 103, 133, 137  (Select one)  O Aerial Application O Aerial Observation O Air Drop O Air Race/Show O Banner Tow O Business O Business O Executive/Corporate  O Select one) O Unknown O Unkn					
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving					
OYes O No	O Yes O No	Orony					
AIRPORT INFORMATION (FILLIN	if accident/incident occurred on an	approach, landing, takeoff, departure, or within 3 miles of an airport)	195				
Airport Name: 1 US WEND 1	ladio, in pal	Distance From Airport Center: sm	Marie Co.				
Airport Identifier: HUN		Direction From Airport: degrees true					
Proximity to Airport: O Off Airport/Airstrip	On Airport/Airstrip ON/A	Airport Elevation:ft. msl					
Runway Information		Condition of Runway/Landing Surface (Check all that apply)					
Runway ID: 25 (L/R/C) Length: 3.  Runway/Landing Surface (Check all that a)  Asphalt Grass/Turf Maca Concrete Gravel Metal Dirt Ice Snow	pply) dam	B Dry Snow-Compacted Water-Calm Holes Snow-Crusted Water-Choppy Ice Covered Snow-Dry Water-Glassy Rough Snow-Wet Wet Rubber Deposits Soft Slush-Covered Vegetation Unknown	ne (				
Approach/Departure Segment (Select one)							
OTaxi OVFR Departure OTakeoff Olfr Departure Proce	OOn Instrument Ap	Approach OBase OFinal OCrosswind OCrosswind OLow Approach OGo Around OAborted Landing (after touchdown) OUnknown					
IFR Approach (Check all that apply)		VFR Approach (Check all that apply)					
None		□None					
□ ADF/NDB □ PAR □ SDF □ Sidestep □ VOR/TVOR □ ILS □ VOR/DME □ Localizer Only □ TACAN □ LOC-back course □ RNAV	☐MLS ☐Practice ☐LDA ☐GPS ☐ASR ☐Visual ☐Contact ☐Circling ☐Unknown	☐ Traffic Pattern ☐ Stop and Go☐ Straight-In ☐ Touch and Go☐ Valley/Terrain Following ☐ Simulated Forced Landing ☐ Forced Landing ☐ Forced Landing ☐ Precautionary Landing ☐ Unknown ☐ Unknown					

"FLIGHT CREWM	EMBER 1"	NEORM	ATION			0.00				
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			light Instruct	or O Checl		) Eliaha Caa			= %	
"Flight Crewmember 1"	" was pilot flyin	g PYes				) Flight Eng	ancer O	Other Flight C	rew	
"Flight Crewmember 1"	Identification									
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Middle Initial:					City (	of Residen	ce:	0450	M	
Last Name:	UHA					C+		ZIP:	9563	0
4	e of Accident/Inc	rident. Z	7	45.4	Count	mu V	CA			
		- Idein		ate of Birth:			mm/dd/yy	עני		
Degree of Injury	Seat Occ	unied	Certifica	te Number:						
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	O Center	O Si	ngle		ON	ione ap only	ONo		■ No	ot Installed
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O Unknown	O Class 2	OUnknown	License (Spor	rt Pilot only)	O With lin O Special I	nitations/wa		O N/A	1 _10	106/2020
Medical Certificate Limit	ations				Opecial	issuarice			mm/a	ld/yyyy
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Date of Last Flight Review					8					1
or Equivalent, Including			ght Review		200 0 - 5.	100				
FAR 121/135 Checks:	N/R	Mal	ke: _ N	A						1
A familiary 20 of	mm/dd/yyyy	Mod								
Airplane Rating(s) (Check all that apply)	Other Aircraf	ft Rating(s	Inst	rument Ratin	g(s)	Instruc	tor Rating(			===
■ None	(Check all that a	ipply)	(Chec	ck all that apply	)	(Check a	il that apply)	s)		
Single-Engine Land Single-Engine Sea	☐ Airship		M M	one irplane		None None	1		Instrumen	n Aimilion
☐ Multiengine Land	☐ Balloon ☐ Glider		□ He	elicopter		Airpla	ane Single-En	gine [	☐ Instrumen	t Helicopter
Multiengine Sea	Gyroplane		☐ Po	wered Lift		Gyrop	anc Multi-Eng	gine [	☐ Helicopter ☐ Glider	1 82 9
	☐ Helicopter					☐ Power	red Lift		Sport	- 1
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"FLIGHT CREWME	MBER 2" IN	IFOR	MATIC	N							
"Flight Crewmember 2" F	Responsibilities	at the	Time of	Accident/				A CONTRACTOR OF THE PARTY OF TH		Control of the state of	THE REAL PROPERTY.
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		Y	es 🔲	No							
"Flight Crewmember 2" I											
First Name:						City of	Residence:			20	
Middle Initial:						State: _			ZIP:		
Last Name:			<u></u>			Country	,.		· ·		_
Age at time of	f Accident/Incid	lent:		Date of	Birth:			mm/dd/yyyy			_
				tificate Nu							
O None O Fatal	Seat Occu			_		Restraint	Туре			Inflatabl	e Restraints
O Minor O Unknown O Serious	O Left O Right O Center	C	OFront ORear OSingle	OUnkn	nown	Availa O No	one	Used O None			Installed
Pilot Certificate(s) (Check of							p only	O Lap o	mly	☐ Insta	illed
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O Pilot		O Class					limitations/w		Unknown	Date of L	AST Medica
	O Class 1 (O Class 2 (	O Drive O Unkn	er's Licens	ie (Sport Pil	ot only)	O With lim	itations/waive	ers Ö	N/A		<u> </u>
Medical Certificate Limitat		Ottki	iowii			O Special I	ssuance			mm/dd	אממא
Date of Last Flight Review or Equivalent, Including			Flight R	leview Air	rcraft				<del></del>		
FAR 121/135 Checks:			Make:								
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Airplane Rating(s) Check all that apply)	Other Aircraf	ft Ratio	ng(s)	Instrun	nent Ratin	g(s)	Instructo	r Rating(s)			
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Single-Engine Land	☐ Airship			□ None □ Airpla			None	e Single-Engi		Instrument	Airplane
Single-Engine Sea Multiengine Land	☐ Balloon ☐ Glider			☐ Helice	opter		🗖 Airplane	Multi-Engin		Instrument   Helicopter	Helicopter
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I Crew Name as	L FLIGHT CREW			OF CAL	un crew, com	plete the follo	wing informa	tion)			
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Pilot Certificat	e(s) (Check all that app		Chianown	O Fatal O Unknown							
□None							Restraint		Inflatable		
☐ Private	Private Proposition Commercial US Military							Available Used			
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Type Pating/Endance							O3-poin O4-poin	- v point	Installed		
			Total	Flight Tin	e at the Tim	e	O5-poin		☐ Not Deploy ☐ Deployed		
	of this Accident/Incident:						OUnkno	wn O Unknow			
Crew Name and	Address	A ST. SECTION AND POST OF	D. 10 - 0 - 20 -		and the second second						
			A1500-9				Seat Occu	pied	Injury		
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	□ Sport	☐ Fligh	t Engine	eer	ore:gn	O Lap On	y O Lap Only	☐ Not Installed			
Type Rating/End	forsement for	1.	Total F	light Time	at the Time		O3-point O4-point	O 3-point O 4-point	☐ Installed ☐ Not Deployed		
Accident/Inciden	t Aircraft?	es 🗆 No. Lo	F 41.2.		7		O 5-point O 5-point		□ Deployed		
PASSENGER(	S) / OTHER PERS	SONNEL	chudo e	THE PERSONAL PROPERTY.	CRUCHL;	hrs	OUnknow	u O Unknown	Unknown		
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	rvice (Check all that Special VFR IFR	□ Spe	ecial IFR R On Top		☐ VFR Flight Folk ☐ Traffic Advisory		☐ Crui	se nown / NA
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Source of Pilot Weather In (Check all that apply)  National Weather Service Flight Service Station TV/Radio Automated Report Commercial Weather Service	formation  Com Mili Inte	ipany iary net e		Weather Obs Facility ID: Observation Time Zone: Distance from A	me:Accident Site:Accident Site:		nm	s truc
Basic Conditions  WMC OIMC OUnknown		Light Conditi ODawn Day	ODusk ONight	<b>O</b> Dark		known		
Sky/Lowest Cloud Conditi Clear O Few O Partial Obscuration O Scattered Lowest Cloud Condition I	O Thin Broken O Thin Overcast O Unknown	Ceiling None (Clear) O Broken O Overcast Ceiling Heigh	0	Obscured Indefinite Unknown	Temperature: Dew Point: Altimeter Setti	(C	) or _ in.	(F)
Wind Direction  Variable  -or- Direction: degrees true		kts	Wind Gusts  Not Gustin  or-  Speed:		RVV	de:	feet miles	_ft
Intensity of Precipitation O Light O Moderate O Heavy O N/A O Unknown	Type of Precipit  None Rain Snow Hail Rain Showers	ation (Check all the Drizzle	Freezing Snow Si S   Ice Pello S   Freezing	hower ets Shower	Restriction to None None Blowing Du Blowing Sar Blowing Sno	ist G		og
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NOTAMs (D and FDC),	AIRMETs, SIGN	IETs, PIREPs	in effect at	the time of th	e accident/incid	ient:		

ircraft Dan	age	AND OTHER P	MODELLY.		
None None	Substantial	Aircraft Fire	_	Aircraft Explosio	ın
Minor	O Destroyed O Unknown	None In-Flight On-Ground	O Both Ground and In-Flight O Fire at Unknown Time O Unknown	None O In-Flight	O Both Ground and In-Flight O Explosion at Unknown Tin
escription o	f Damage to Aircra	ft and Other Propert		O On-Ground	O Unknown
BENS	7 2000	1/00	y (Use additional sheet if necessary)	_	
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SCLIDE WIND	DECEMPENT IN Absolute	sl==:-:1			
ckage distr	ibution sketch if per	linent. Attach extra she	ng circumstances leading to and neets if needed. State departure time a	ature of accident/incid	lent. Describe terrain and inc
tination, Pro	ovide as much detail	as possible.	sets if needed. State departure time a	ind and location, service	es obtained, and intended

RECOMMENDATION (How	could this	accident/incident ha	we been pre	vented?)				
Operator/Owner Safety Recomm	endation			BE LIKE		- FEB		
838								
MECHANICAL MALFUN	CTION/	FAILURE (If mor	enare je r	sadad cr	ntinus on cansı	esta chanti		
			a share is	Bedeu, v.	Albiting on soher	gra sugar)	Total Tim	- Cualas
Was there Mechanical Malfunc (If yes, list the name of the part, manu-			scribe the failu	ire.)			Total Tim On Part	le/Cycles
								Hours
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FUEL & SERVICES INF	ORMATI						THE REAL PROPERTY.	
Fuel on Board at Last Takeoff		Fuel Type						
(Convert from pounds, as necessary)	1	○ 80/87 ② 100 Low Lead	O 115/145 O Jet A		O Jet B O JP8	Other, specify _		
	Gallons	O 100/130	O Jet A-1		O Automotive			
Other Services, if Any, Prior to	Departure	E.L. 92800						
EVACUATION OF AIRC	PAFT	Sife State of the						
Applied a little LUARSON	Tally to the second	* *40	- 17				did a supersina	
Was an emergency evacuation				<b>②</b> No				
Method of Exit - Describe how	he occupant	is exited and how ma	ny occupant	s evacuate	d each location			
		T					4. Victoria (1901)	a act and a second
OTHER AIRCRAFT - CO	DLLISIO	N (If air or ground o	collision occ	urred, co	mplete this sect	ion for other aircra	aft)	
Aircraft Registration Number		urer:				12	mage to Othe	er Aircraft
							Destroyed	Minor
Registered Owner of Other Air					Other Aircraft		Substantial	☐ None
"								
Name:				Name: _				<del></del>
City:ZIP:				State:		_ZIP:		
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ADDITIONAL INFORM	MATION (Please type or print in ink)		
Use this space if additional	space is needed for any answers.		
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HEREBY CERTIFY THAT	THE ABOVE INFORMATION IS COMP	LETE AND ACCURATE TO THE	BEST OF MY KNOWLEDGE
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mm/dd/yy/yy	30 (/		
	Check here to electronically sign thi	s document	
a Person Other than Pilot/O Name:	perator is Filing Report		
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	Commence of the Commence of th	Wa-away	
SB Accident/Incident No. /PR21LA364	Reviewed by NTSB Regional Office	USE ONLY	
PK21LA364	WPR	Name of Investigator Zoë Keliher	Date Report Received